

**FLEET CARD** PRINCIPAL CARDHOLDER APPLICATION

NAME OF COMPANY \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

TYPE OF INCORPORATION      ☐ LIMITED LIABILITY      ☐ PARTNERSHIP

TYPE OF OWNERSHIP ☐ PUBLIC ☐ PRIVATE

## YEARS IN OPERATION

ADDRESS \_\_\_\_\_

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TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

## DIRECTORS

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## AFFILIATED COMPANIES

## BANKING INFORMATION

Name of Bank

Address \_\_\_\_\_

Type of Account \_\_\_\_\_ Account No. \_\_\_\_\_

If you do not maintain an Account at Scotiabank, which branch is most convenient for you?

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## FLEET INFORMATION

Customers should have a minimum of 5 vehicles to qualify.

Please indicate probable usage and types of vehicles for your fleet using the table below.

VEHICLE AND CARD TYPE		NUMBER OF CARDS
Motor Vehicles & Light Trucks	Fuel only	
	Fuel & Lubricants only	
	Open Cards	
Trucks & Tractor Heads	Fuel only	
	Fuel & Lubricants only	
	Open Cards	
<b>Total Cards Required</b>		

Average Current Monthly Expenditure on Fleet \$

What is your desired payment cycle? Monthly ☐ Fortnightly ☐ Weekly ☐

Are there specific Merchants and/or gas stations that you would like to be part of the *FleetCard* network? If so attach list indicating name, address, telephone numbers and contact person.

By signing below, you confirm that the information you have given in this application is true and complete and forms part of this application and that you have not withheld any information. We will rely on the information you have given us to decide on your application. You authorize us to obtain further information about you and to check the information you have given us. We can also give information about you to credit bureaus and other credit guarantors as permitted by law. You also request and authorize us to send you other information about other Scotiabank services.

<b>Authorized Signature</b> <b>(Principal Cardholder)</b>	<b>Position</b>	<b>Date</b>
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**FOR INTERNAL USE ONLY**

Credit Line Required : \$ \_\_\_\_\_ Date \_\_\_\_\_

Fleet Card Account No.

Authorized by : \_\_\_\_\_